



# ADP Health Compliance

Non-Employee Import File Specification

Creation Date: **06/04/2015**

Modified Date: **06/01/2018**

Version: **4.0**

# Table of Contents

**Overview** ..... 3

*Frequency of Data*.....3

*Participants to Include*.....3

*Initial File*.....3

*Transactions to Include (for ongoing processing)*.....4

*Loss of Eligibility for Reduction in Hours COBRA Coverage* .....4

*Termination of Coverage* .....4

*Removal of Dependents* .....4

*File Naming Convention* .....5

**File Specification Structure** ..... 6

**Fields Included on the Interface** ..... 7

*Header Record (always required)* .....7

*Participant Identifiers (always required)* .....8

*Participant Contact Information (always required)*.....9

*Benefit Offer Data (required when participant eligibility changes)*..... 11

*Benefit Eligibility Data (required when OFFR record present)*.....13

*Benefit Coverage Data (required when Participant enrolls in coverage)* .....15

*Dependent Indicative Data (required for Regulatory Management)*.....18

*Dependent Coverage Data (required for Regulatory Management)* .....19

*Footer (always required)*.....21

**Sample Data** .....22

**File Spec Companion Information** .....23

*Sorting Scenarios*.....23

*Example Scenarios* .....25

*Field Details*.....28

*Document Revisions* .....34

### Overview

Medical benefits data is required by the ADP Health Compliance system in order to determine any potential penalties. An employer may be subject to Affordable Care Act (ACA) penalties and additional health compliance regulations if they do not meet certain thresholds related to benefit eligibility, affordability and reporting requirements. **The ADP Health Compliance system uses the data received in the Non-Employee files for determining whether or not an ACA full-time employee has been offered affordable coverage, based on the ACA.**

Employee information will be provided on the HR, Benefits, Leave of Absence, and Payroll Imports. However, regulatory management requires information for some non-employees (e.g., COBRA, retirees). This document provides the specifications and information necessary for successfully loading Non-Employee data into the ADP Health Compliance.

### Frequency of Data

In order to perform accurate eligibility and affordability calculations, as well as annual filings, it is very important that the ADP Health Compliance system is up to date with the non-employee data. It is expected that the source system would provide data to the ADP Health Compliance on a monthly basis.

### Data to Include

Only information pertinent to ACA related medical coverage for non-employee participants is to be included on the file.

### Participants to Include

Participants sent on the Non-Employee file should include, but are not limited to:

- COBRA Participants due to a Reduction in Hours Event
  - This should include all that have received any medical offer
- COBRA Other\*
- Retirees\*
- Surviving Dependents including spouses, Divorces, etc.\*

*\* For all non-reduction in hours participants, only those that have elected self-insured, medical benefits should be included.*

### Initial File

It is expected that clients implementing ADP Health Compliance for the current plan year include non-employee participant plan offering and coverage history dating back to the beginning of the plan year, usually corresponding with the Annual Enrollment event. Subsequent changes in eligibility, adding or dropping dependents and/or the addition of

## Non-Employee Import File Specification

participants, up to the current date and time, are also to be included on the initial file. All changes for a participant should be received with a single EEID and ADDR record and ordered chronologically by event. Clients implementing ADP Health Compliance for an upcoming plan year are to begin the transmittal of data upon the trigger of the Annual Enrollment event.

### Transactions to Include (for ongoing processing)

It is expected that on an ongoing basis the Benefits/COBRA system will provide only records for employee's that experienced a change in eligibility and/or coverage. All changes for a participant should be received with a single EEID and ADDR record, ordered chronologically by event. Records should be sent whenever a change occurs, including but not limited to:

- Reduction in Hours participant experiences a change in eligibility.
- Reduction in Hours participant is provided an opportunity to enroll in an ACA related medical plan.
- A participant elects an ACA related medical plan.

A dependent of the employee has a change in coverage (e.g., termination, dependent age out, promotion to level of participant, etc.).

### Loss of Eligibility for Reduction in Hours COBRA Coverage

If a reduction in hours participant loses eligibility for COBRA coverage that was previously reported to ADP Health Compliance, an updated Offer should be sent for the event triggering the loss in eligibility, without any plans listed within the offer.

Only the EventReason and EventDate are required in the Offer for this scenario.

### Termination of Coverage

If terminating coverage for an employee and all dependents, their last selected coverage should be restated with the CoverageEndDate specified in the COVG record as well as in each of the DEPC records.

### Removal of Dependents

When terminating coverage for a previously reported dependent, a new COVG record for the employee should be passed with all dependents that are still covered, and the Coverage Start Date element should be one day after the terminating dependent lost coverage. It is expected that dependents removed from coverage shall no longer appear on subsequent files.

## Non-Employee Import File Specification

If terminating coverage for all dependents, but the employee is continuing coverage, a new COVG record for the Plan/Coverage Level the employee is covered under can be passed, without the dependents. This will result in all dependent records being end dated one day prior to the Coverage Start Date in the new COVG record.

## File Naming Convention

Please reference the transmission summary document provided by the ADP implementation specialist.

## File Specification Structure

ADP Health Compliance will accept non-employee data in a pipe delimited (|) format.

The recommended Sort Order is by participant, chronologically by event, in the record order below.

Multiple types of data are required in order to support regulatory management for non-employees. For example, the system requires benefits eligibility, benefits coverage, address and dependent information. In order to process all of these various sets of data, a record type is required on each record. The record type will identify the type of data included on that particular record.

The following record types are supported for the Non-Employee interface:

**HEAD** = The header record for the file. This record is used to identify the client.

**EEID** = The identity record for the participant.

**ADDR** = The contact information for the participant.

**OFFR** = The offer (i.e., Event) of coverage to the participant.

**ELIG** = The plan(s) for which the participant is eligible.

**COVG** = The plan coverage in which the participant has actually enrolled.

**DEPI** = The dependent basic information.

**DEPC** = The dependent coverage.

**FOOT** = The footer record for the file.

Fields Included on the Interface

Header Record (always required)

The HEAD record contains company identifying information for the ADP Health Compliance system. Only one HEAD record should be present within the file and should be the first record in the file.

Field Number	Element	Description	Req?	Length*	Example
1.	Record Type	Constant "HEAD"	Y	4	HEAD
2.	COID	Unique 16 character COID assigned by ADP (included in the transmission summary document)	Y	16	2FA6CFC739A34284
3.	Source Information	Suggestions for use: <ul style="list-style-type: none"><li>• Source System</li><li>• Source System Version</li><li>• Version of Interface Program</li><li>• Database (prod or test)</li><li>• Operator (who ran the export)</li><li>• Export Date</li></ul>	N	100	Platform ABC Spec Ver: 4.0

Non-Employee Import File Specification

Participant Identifiers (always required)

The EEID record contains the indicative employee data. There should only be one EEID record per participant, per file, regardless of how many events are being sent for the employee.

Field Number	Element	Description	Req?	Length*	Example
1.	Record Type	Constant “EEID”	Y	4	EEID
2.	Participant SSN	<p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p> <p>The participant is the person that is the subscriber (beneficiary) to the coverage being offered. For example, if an employee has family coverage that includes 3 dependents, the employee is the subscriber; the 3 covered dependents are dependents of the subscriber.</p>	Y	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX
3.	Non-Employee Participant Type	<p>Valid Values:</p> <p>C = COBRA (for any COBRA beneficiary except for a COBRA Reduction in Hours)</p> <p>R = Retiree</p> <p>O = Other</p> <p>Null (No value or spaces) = Employee (for COBRA Reduction in Hours event; participant is still a current employee of the employer)</p>	CR	1	C
4.	Participant First Name	The first name of the employee.	Y	50	Inigo
5.	Participant Middle Name	The middle name of the employee.	N	50	
6.	Participant Last Name	The last name of the employee.	Y	50	Montoya



Non-Employee Import File Specification

Field Number	Element	Description	Req?	Length*	Example
7.	Employee SSN	<p>The SSN for the employee</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p> <p>If the participant is the employee, the value will be the same as the value for the Participant SSN.</p> <p>If the Employee SSN cannot be passed, this should be the Participant SSN.</p>	Y	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX
8.	Federal Employer Identification Number (FEIN)	If FEIN is not available for the participant, assign the FEIN to be utilized for reporting.	Y	10	Format: 99-9999999 Or 999999999
9.	Future Use	Do Not Value			

Participant Contact Information (always required)

Field Number	Element	Description	Req?	Length*	Example
1.	Record Type	Constant “ADDR”	Y	4	ADDR
2.	Participant SSN	<p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p>	Y	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX

ADP and the ADP logo are registered trademarks of ADP, LLC.  
ADP – A more human resource. is a service mark of ADP, LLC. Copyright © 2018 ADP, LLC.

Non-Employee Import File Specification

Field Number	Element	Description	Req?	Length*	Example
3.	Phone Number	Numeric Only without formatting – exactly 10 numbers required	N	10	5556667777
4.	Phone Number Extension	Numeric Only without formatting	N	10	1234
5.	Email Address		N	50	INIGO@PRINCESSBRIDE.COM
6.	Mailing Address Line 1		Y	50	124 FIRE SWAMP LANE
7.	Mailing Address Line 2		N	50	
8.	Mailing Address City		Y	50	FLORIN
9.	Mailing Address State/Province	Allows numbers if country code is not US. If country is “US” or NULL, 2 character state abbreviation is required.	Y	64	CA
10.	Mailing Address Zip Code	Allow letters if country code is not US.	Y	6	99999
11.	Mailing Address Zip Extension		N	4	
12.	Mailing Address Country Code	Valid Values: US = United States  Foreign country codes are identified in the IRS list “Foreign Country Code Listing for Modernized e-File (MeF)”. This list can be found: <a href="http://www.irs.gov/Tax-Professionals/e-File-Providers-&amp;-Partners/Foreign-Country-Code-Listing-for-Modernized-e-File">http://www.irs.gov/Tax-Professionals/e-File-Providers-&amp;-Partners/Foreign-Country-Code-Listing-for-Modernized-e-File</a>	Y	2	US

Non-Employee Import File Specification

Benefit Offer Data (required when participant eligibility changes)

\*Only required for COBRA Reduction in Hours (RIH) participants

At a minimum, a new <OFFR> must be provided for all eligible RIH employees at the beginning of the benefit plan year (this applies to passive and active Annual Enrollments).

Field Number	Element	Description	Req?	Length*	Example
1.	Record Type	Constant "OFFR"	Y	4	OFFR
2.	Participant SSN	<p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p>	Y	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX
3.	Offer Identifier	<p>This value is used to link the eligibility data to the applicable offer. The value in the OFFR record should be the same on all ELIG records associated with that offer.</p> <p>The value does not have to be unique across all participants. It must be unique for this participant SSN. Two different participants (different SSNs) may have the same value for an Offer Identifier.</p> <p>Client defined value</p>	Y	50	REDUCTION6/01/2018
4.	Event Reason	<p>The reason for the event.</p> <p>Client defined value</p>	Y	50	REDUCTION
5.	Event Date	<p>Format: MM/DD/CCYY Date of the event</p>	Y	10	06/01/2018
6.	Transaction Date	<p>Format: MM/DD/CCYY HH:MM:SS.SSSSSS AM/PM</p> <p>The timestamp of which the offer was created in the system of record. This field is used to determine which event takes precedence if there are two or more events that occur on the same day for a participant</p>	Y	29	06/01/2016 08:00:00.000000 AM

Non-Employee Import File Specification

Field Number	Element	Description	Req?	Length*	Example
7.	COBRA Reduction in Hours Event	Valid Values: Y = Yes (COBRA event was a result of a reduction in hours) N = No (COBRA event was not a result of a reduction in hours)  Required only if the participant type is Null indicating a COBRA Reduction in Hours.	CR	1	Y
8.	Plan Year Start Date	Format: MM/DD/CCYY  This represents the first day of the plan year.  Required only if the participant type is Null indicating a COBRA Reduction in Hours	CR	10	01/01/2018
9.	Plan Year End Date	Format: MM/DD/CCYY  This represents the last day of the plan year.  Required only if the participant type is Null indicating a COBRA Reduction in Hours	CR	10	12/31/2018

Non-Employee Import File Specification

Benefit Eligibility Data (required when OFFR record present)

\*Only required for COBRA Reduction in Hours participants

Only eligibility records that represent Employee Only coverage are required.

The eligibility data should only include actual medical plans for which the participant is eligible. A plan that represents a waiver of coverage (i.e., no coverage) should not be included. For example, if an employee has 4 choices for medical coverage (Plan A, Plan B, Plan C, and Waive), only 3 records should be included (Plan A, Plan B, and Plan C).

Field Number	Element	Description	Req?	Length*	Example
1.	Record Type	Constant "ELIG"	Y	4	ELIG
2.	Participant SSN	The SSN for the participant that will be maintained within the ADP Health Compliance system.  The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.	Y	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX
3.	Offer Identifier	This value is used to link the eligibility data to the applicable offer. The value in the OFFR record should be the same on all ELIG records associated with that offer.  The value does not have to be unique across all participants. It must be unique for this participant SSN. Two different participants (different SSNs) may have the same value for an Offer Identifier.  Client defined value	Y	50	REDUCTION6/01/2018
4.	Medical Plan Code	A unique short name for identifying the plan.  Client Defined Value	Y	64	MED1
5.	Medical Plan Description	The full name of the plan.  Client Defined Value	Y	100	MEDICAL ONE

Non-Employee Import File Specification

Field Number	Element	Description	Req?	Length*	Example
6.	Monthly Employee Cost	Format: XXXXXXXX.XX  The monthly cost of the plan associated to the employee.	Y	10	35.00 or 0.00
7.	Minimum Essential Coverage	Valid Values: Y = Yes N = No  An employer attestation flag to indicate the plan meets minimum essential coverage requirements.	Y	1	Y
8.	Minimum Value Plan	Valid Values: Y = Yes N = No  An employer attestation flag to indicate the plan meets the Minimum Value Plan (MVP) standard.	Y	1	Y
9.	Dependent Coverage Available	Valid Values: Y = Yes N = No  If dependents can be covered under this medical plan, the flag must be set to “Y” for all coverage levels (including employee only). Dependent indicates children.	Y	1	Y
10.	Spouse Coverage Available	Valid Values: Y = Yes N = No  If the spouse can be covered under this medical plan, the flag must be set to “Y” for all coverage levels (including employee only).	Y	1	Y

Non-Employee Import File Specification

Field Number	Element	Description	Req?	Length*	Example
11.	Self-Insured Plan	Valid Values: Y = Yes, it is a self-insured medical plan. N = No, it is not a self-insured medical plan. It is a fully insured medical plan.  A flag indicating if the plan is a self-insured plan.	Y	1	N

Benefit Coverage Data (required when Participant enrolls in coverage)

Field Number	Element	Description	Req?	Length*	Example
1.	Record Type	Constant “COVG”	Y	4	COVG
2.	Participant SSN	The SSN for the participant that will be maintained within the ADP Health Compliance system.  The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.	Y	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX
3.	Medical Plan Code	A unique short name for identifying the plan.  Client defined value	Y	64	MED2
4.	Medical Plan Description	The full name of the plan.  Client defined value	Y	100	MEDICAL TWO
5.	Medical Plan Coverage Level Code	A unique code for identifying the level of coverage.  Client defined value	Y	20	EE
6.	Medical Plan Coverage Level Description	The full name of the coverage level.  Client defined value	Y	100	EMPLOYEE ONLY

Non-Employee Import File Specification

Field Number	Element	Description	Req?	Length*	Example
7.	Monthly Employee Cost	Format: XXXXXXXX.XX X.XX  The monthly cost of the plan associated to the employee.	Y	10 Numeric	35.00
8.	Coverage Start Date	Format: MM/DD/CCYY The effective date coverage starts	Y	10	07/01/2018
9.	Coverage End Date	Format: MM/DD/CCYY  The last full day that coverage was effective for the participant.  Required when terminating coverage	CR	10	
10.	Self-Insured Plan	Valid Values: Y = Yes, it is a self-insured medical plan. N = No, it is not a self-insured medical plan. It is a fully insured medical plan.  A flag indicating if the plan is a self-insured plan.	Y	1	Y
11.	Minimum Essential Coverage	Valid Values: Y = Yes N = No  An employer attestation flag to indicate the plan meets Minimum Essential Coverage (MEC) requirements.	Y	1	Y
12.	Minimum Value Plan	Valid Values: Y = Yes N = No  An employer attestation flag to indicate the plan meets the Minimum Value Plan (MVP) standard.	Y	1	Y



Non-Employee Import File Specification

Field Number	Element	Description	Req?	Length*	Example
13.	Transaction Date	<p>Format: MM/DD/CCYY HH:MM:SS.SSSSSS AM/PM</p> <p>Example: 01/01/2015 02:11:24.158000 PM</p> <p>The timestamp of which the offer was created in the system of record. This field is used to determine which event takes precedence in the event there are two or more events that occur on the same day for an employee.</p>	Y	29	07/01/2016 08:00:00.000000 AM
14.	Coverage Identifier	<p>This field is required if the participant has dependents and is used to link the COVG record to any covered Dependent record(s).</p> <p>For example, if an employee selects Employee + Spouse coverage and lists their spouse as a covered dependent, the Coverage Identifier would be used to link the two records.</p> <p>The identifier must be unique at the employee level, for each COVG record, not necessarily at the file level. The same value would be passed on all DEPC records that should be linked to that particular participant coverage.</p> <p>Client defined value</p>	CR	50	

Dependent Indicative Data (required for Regulatory Management)

Field Number	Element	Description	Req?	Length*	Example
1.	Record Type	Constant "DEPI"	Y	4	DEPI
2.	Participant SSN	<p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p>	Y	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX
3.	Dependent Identifier	<p>The unique identifier assigned to the dependent by the client system of record.</p> <p>This identifier must match the corresponding field in the DEPC record.</p> <p>Client defined value</p>	Y	40	777777777-01
4.	Dependent SSN	SSN of dependent if available Format:	Y (if available)	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX
5.	Dependent First Name	The first name of the dependent	Y	50	Amanda
6.	Dependent Middle Name	The middle name of the dependent	N	50	
7.	Dependent Last Name	The last name of the dependent	Y	50	Peterson

Non-Employee Import File Specification

Field Number	Element	Description	Req?	Length*	Example
8.	Relationship	<p>The relationship of the dependent to participant.</p> <p>Relationship values will be mapped to Spouse, Dependent or Other in ADP HC. For losses of coverage due to Cobra Reduction in Hours, this field will be used to influence line 14 coding on the Form 1095c.</p> <p>Client defined value</p>	Y	50	Spouse
9.	Spouse Indicator	<p>Valid Values: Y = Yes, the relationship represents a spousal relationship N = No, not a spousal relationship</p> <p>A flag that specifies if the relationship represents that of a spouse, including domestic partners.</p> <p>Should be set to N for dependents that are not a spouse.</p>	Y	1	Y
10.	Dependent Date of Birth	<p>Format: MM/DD/CCYY</p>	Y	10	08/14/1987
11.	Future Use				

Dependent Coverage Data (required for Regulatory Management)

Field Number	Element	Description	Req?	Length*	Example
1.	Record Type	<p>Constant “DEPC”</p>	Y	4	DEPC
2.	Participant SSN	<p>The SSN for the participant that will be maintained within the ADP Health Compliance system.</p> <p>The participant may not necessarily be the employee. The participant may be a surviving spouse or dependent of the employee.</p>	Y	11	<p>Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX</p>

ADP and the ADP logo are registered trademarks of ADP, LLC.  
ADP – A more human resource. is a service mark of ADP, LLC. Copyright © 2018 ADP, LLC.

Non-Employee Import File Specification

Field Number	Element	Description	Req?	Length*	Example
3.	Dependent Identifier	<p>The unique identifier assigned to the dependent by the client system of record.</p> <p>This identifier must match the corresponding field in the DEPI record.</p> <p>Client defined value</p>	Y	40	777777777-01
4.	Coverage Start Date	<p>Format: MM/DD/CCYY</p> <p>The effective start date for dependent coverage</p>	Y	10	03/01/2018
5.	Coverage End Date	<p>Format: MM/DD/CCYY</p> <p>Required when terminating dependent coverage. The last full day that coverage was effective for the dependent.</p>	CR	10	05/31/2018
6.	Coverage Identifier	<p>This field is used to link the Dependent record(s) to the COVG record for the participant, which the dependent is covered under.</p> <p>For example, if an employee selects Employee + Spouse coverage and lists their spouse as a covered dependent, the Coverage Identifier would be used to link the two records together.</p> <p>The identifier must be unique at the employee level, for each participant COVG record, not necessarily at the file level. The same value would be passed on all DEPC records that should be linked to that particular participant coverage.</p> <p>Client defined value</p>	Y	50	01

Non-Employee Import File Specification

Footer (always required)

Field Number	Element	Description	Req?	Length*	Example
1.	Record Type	Constant "FOOT"	Y	4	FOOT
2.	Number of EEID Records	The total number of EEID records included on the file.	Y	9	8

\* Length: The maximum number of characters supported for each element/field

Non-Employee Import File Specification

Sample Data

HEAD|0R8JLMSFMN04078L|Test Client  
EEID|999999901||STEVE|K|DOE|XXXXXXXXXX|98-7654321|  
ADDR|999999901|6269999001|1003|doe@testclient.com|3 ALABAMA ST||UPHALA|AL|64741|1237|US  
OFFR|999999901|Open Enrollment-01/01/2018|Open Enrollment|01/01/2018|01/01/2018 02:11:24.158000 PM|Y  
ELIG|999999901|Open Enrollment-01/01/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y  
COVG|999999901|Horizon-A22|Horizon PPO|EMP|Employee Only|100.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000 PM|  
OFFR|999999901|Change-10/06/2018|Change|10/06/2018|10/06/2018 02:11:24.158000 PM|N  
ELIG|999999901|Change-10/06/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y  
COVG|999999901|Horizon-A22|Horizon PPO|EE+SP|Employee + Spouse|300.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000 PM|10/06/2018  
DEPI|999999901|1|XXXXXXXXXX|Sally|Ann|Doe|Spouse|N|03/02/1983|  
DEPC|999999901|1|10/06/2018||10/06/2018  
FOOT|1

# File Spec Companion Information

This section is to be used as a supplement to, and in conjunction with the technical file specification details above. The purpose is to provide additional information related to the requirements of this file, elements within the file and best practices related to the varying scenarios that one might encounter within their employee population.

## Sorting Scenarios

### Example 1:

```
HEAD
EEID (EE 1)
ADDR
OFFR (Reduction-in-Hours)
ELIG (Plan A, EE Only)
ELIG (Plan B, EE Only)
COVG (Plan B, +Spouse)
DEPI (Spouse)
DEPC (Spouse)
EEID (EE 2, Retired)
ADDR
COVG (Plan B, + Family)
DEPI (Spouse)
DEPC (Spouse)
DEPI (Child)
DEPC (Child)
FOOT
```

**Note:** The above sorting is the ADP preferred method for sorting the data, but it is possible for the system to receive this data grouped by record type, as long as the HEAD and FOOT records are the first and last records within the file respectively, as shown in the example below.

### Example 2 (2 Employees):

```
HEAD
EEID (EE 1)
```

ADP and the ADP logo are registered trademarks of ADP, LLC.  
ADP – A more human resource. is a service mark of ADP, LLC. Copyright © 2018 ADP, LLC.

Non-Employee Import File Specification

EEID (EE 2)  
ADDR (EE 1)  
ADDR (EE 2)  
OFFR (EE 1)  
OFFR (EE 2)  
ELIG (EE 1)

ELIG (EE 1)  
...  
ELIG (EE 2)  
ELIG (EE 2)

...  
COVG (EE 1)  
COVG (EE 2)  
DEPI (EE 1)  
DEPI (EE 2)  
DEPI (EE 2)  
DEPC (EE 1)  
DEPC (EE 2)  
DEPC (EE 2)

FOOT

**Sample Non-EE File, Example 000000000:** Max Miracle is terminated electing COBRA coverage. He is then rehired and terminated again during the year, re-electing COBRA coverage.



Example Scenarios

The following examples can be found in the sample file, Attached to this document.

Scenario	Notes
<p><b>File Details</b></p> <p>It is expected that on an ongoing basis the Benefits/COBRA system will provide only records for employee’s that experienced a change in eligibility and/or coverage.</p>	
<p><b>Sample File, Example 111111111: Reduction in Hours, COBRA Coverage Elected</b></p> <p>Westley Roberts has a Reduction in Hours event and selects COBRA coverage for himself and his spouse.</p>	
<p><b>Sample File, Example 222222222: Reduction in Hours, No COBRA Election</b></p> <p>Inigo Montoya has a Reduction in Hours event and does not elect COBRA coverage.</p>	
<p><b>Sample File, Example 333333333: Retirement, COBRA Coverage Elected</b></p> <p>Vizzini Lavezzo retires and elects coverage.</p>	
<p><b>Sample File, Example 333333339: Death of Primary Participant</b></p> <p>George Biberman and his family are covered until he passes away on 3/31, terminating coverage for him and all of his dependents.</p>	

Non-Employee Import File Specification

<p><b>Sample File, Example 444444444: Surviving Spouse, COBRA Coverage Elected</b></p> <p>Related to prior example, Ellen Biberman is covered under her spouse’s medical coverage when he passes away on 3/31, resulting in her electing coverage as a surviving spouse.</p>	
<p><b>Loss of Eligibility</b></p> <p>If a reduction in hours participant loses eligibility for medical coverage that was previously reported to the ADP Health Compliance system, an updated Offer should be sent for the event triggering the loss in eligibility, without any ELIG records (plans) listed under the offer.</p>	
<p><b>Sample File, Example 555555555: Reduction in Hours, Election, Loss of Eligibility</b></p> <p>Kevin Dolenz has a Reduction in Hours event and elects COBRA coverage, but later loses eligibility and ends coverage.</p>	
<p><b>Termination of Coverage</b></p> <p>When a previously reported medical coverage to the ADP Health Compliance system is terminated, the effective coverage end date shall be provided in the Coverage End Date element in the COVG record. Corresponding dependent coverage shall be terminated using the same effective end date.</p>	
<p><b>Sample File, Example 666666666: COBRA Election, Later Ended Coverage</b></p> <p>Kirby Keger had COBRA coverage that he elected earlier in the year and terminates that coverage.</p>	

Non-Employee Import File Specification

Removal of Dependents

When terminating coverage for a previously reported dependent, a COVG record for the employee should be passed with all dependents that are covered, and the Coverage End Date element populated for the dependent losing coverage, identifying the last date that the dependent was covered. It is expected that dependents removed from coverage shall no longer appear on subsequent files.

Sample File, Example 777777777: COBRA Election, Later 1 Dep Loses Coverage

Ronald Miller and his wife get a divorce, but both of his children are still covered under his benefits.

If terminating coverage for all dependents, but the employee is continuing coverage, a new COVG record for the Plan/Coverage Level the employee is covered under can be passed, without the dependents. This will result in all dependent records being end dated as of the Event Date received in the COVG record.

Sample File

File Type	File
Pipe Delimited	The sample file can be downloaded from the “Attachments” section of this document.

Benefit Offer Data (OFFR)

The offer record is only required for Reduction-in-hours events, since this is the only instance covered in this file that requires calculation and reporting of affordable coverage. The ADP Health Compliance system uses the Event Date and Event Reason as the keys to overwrite previously received offers. If either of these is different, it is considered a new offer and will not replace the previously received data.

<Event Date>

The Event Date element is the date that the event took place, triggering the offer or change in coverage for the participant.

<Offer Identifier>

This element is used to sync the plans offered to a participant (ELIG records) back to the event that triggered the offer (OFFR record). It is a client defined value and does not need to be unique across the participant population, but must be unique to the offer for an individual participant, specifically when multiple offers are passed to the ADP Health Compliance system within the same file. The value in the OFFR record would match the value on all of the ELIG records linked to that offer. Most often this ends up being a sequential identifier (1,2,3 or A,B,C) or a combination of elements, such as Event Date and Event Reason.

Example:

```
HEAD|0R8JLMSFMN04078L|Test Client
EEID|999999901||STEVE|K|DOE|XXXXXXXXXX|98-7654321|
ADDR|999999901|6269999001|1003|doe@testclient.com|3 ALABAMA ST||UPHALA|AL|64741|1237|US
OFFR|999999901|Open Enrollment-01/01/2018|Open Enrollment|01/01/2018|01/01/2018 02:11:24.158000 PM|Y
ELIG|999999901|Open Enrollment-01/01/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y
COVG|999999901|Horizon-A22|Horizon PPO|EMP|Employee Only|100.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000 PM|
OFFR|999999901|Change-10/06/2018|Change|10/06/2018|10/06/2018 02:11:24.158000 PM|N
ELIG|999999901|Change-10/06/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y
COVG|999999901|Horizon-A22|Horizon PPO|EE+SP|Employee + Spouse|300.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000
PM|10/06/2018
DEPI|999999901|1|XXXXXXXXXX|Sally|Ann|Doe|Spouse|N|03/02/1983|
DEPC|999999901|1|10/06/2018||10/06/2018
```

ADP and the ADP logo are registered trademarks of ADP, LLC.  
ADP – A more human resource. is a service mark of ADP, LLC. Copyright © 2018 ADP, LLC.

<Transaction Date>

The Transaction Date element is a required element and is used by the ADP Health Compliance system to sequence offers/events that have occurred within the same date. The time stamp doesn't necessarily have to be the actual time the event was keyed or triggered. The key is that the first offer be received with a time that is earlier than the time passed in this field for the second offer. In many instances development teams have chosen to default this value to a specific time and then increment the time if a second offer/event happens on the same date.

Benefit Eligibility Data (ELIG)

In the ADP Benefit Import an ELIG record is actually defining a medical plan and its coverage level. Typically a medical plan contains 4 coverage levels: Employee Only, Employee +Spouse, Employee +Dependent, Employee +Family. This means that if a participant is offered 3 different plans to enroll in, this will result in 12 different ELIG records in the benefits import. The plan identifiers, such as Plan Code, Plan Description, Coverage Level Code and Coverage Level Description are all defined by the client system of record. These are not validated by the ADP Health Compliance system, other than to confirm that the plan/tier in the COVG record is present within the system (loaded through a previous offer) or file (in the ELIG record linked to the OFFR).

<Offer Identifier>

This element is used to sync the plans offered to a participant (ELIG records) back to the event that triggered the offer (OFFR record). It is a client defined value and does not need to be unique across the participant population, but must be unique to the offer for an individual participant, specifically when multiple offers are passed to the ADP Health Compliance system within the same file. The value in the OFFR record would match the value on all of the ELIG records linked to that offer. Most often this ends up being a sequential identifier (1,2,3 or A,B,C) or a combination of elements, such as Event Date and Event Reason.

Example:

```
HEAD|0R8JLMSFMN04078L|Test Client
EEID|999999901||STEVE|K|DOE|XXXXXXXXXX|98-7654321|
ADDR|999999901|6269999001|1003|doe@testclient.com|3 ALABAMA ST||UPHALA|AL|64741|1237|US
OFFR|999999901|Open Enrollment-01/01/2018|Open Enrollment|01/01/2018|01/01/2018 02:11:24.158000 PM|Y
ELIG|999999901|Open Enrollment-01/01/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y
COVG|999999901|Horizon-A22|Horizon PPO|EMP|Employee Only|100.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000 PM|
OFFR|999999901|Change-10/06/2018|Change|10/06/2018|10/06/2018 02:11:24.158000 PM|N
ELIG|999999901|Change-10/06/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y
```

ADP and the ADP logo are registered trademarks of ADP, LLC.  
ADP – A more human resource. is a service mark of ADP, LLC. Copyright © 2018 ADP, LLC.

Non-Employee Import File Specification

COVG|999999901|Horizon-A22|Horizon PPO|EE+SP|Employee + Spouse|300.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000 PM|10/06/2018  
DEPI|999999901|1|XXXXXXXXXX|Sally|Ann|Doe|Spouse|N|03/02/1983|  
DEPC|999999901|1|10/06/2018||10/06/2018  
FOOT|1

<Employee Only Coverage Level>

This flag is a coverage level designation (unlike the Spouse Coverage Available and Dependent Coverage Available) identifying that this plan and coverage level represents employee only coverage. The ADP Health Compliance system uses this flag to identify which of the plans offered to the employee should be compared to determine the lowest cost plan, meeting MEC and MVP attestations, for Affordability.  
If sending a waive plan in the offer, this flag and the MEC flag should both be passed as “N”.

<Spouse Coverage Available>

This is a plan level designation (unlike Employee Only Coverage Level, which is a coverage level designation) indicating that within this plan, there is a coverage level that offers coverage to the employee’s spouse, including domestic partners.

<Dependent Coverage Available>

This is a plan level designation (unlike Employee Only Coverage Level, which is a coverage level designation) indicating that within this plan, there is a coverage level that offers coverage to the employee’s dependents. In this context, dependent means an employee’s children (natural or adopted), as defined in Section 152(f)(1) of the Internal Revenue Code.

<Self Insured>

This is a plan level designation indicating that the plan is self-insured and not fully-insured. If this flag is set to “Y” and the MEC flag is also set to “Y”, then Part 3 of the 1095C will be populated for the employee.

<Monthly Employer Cost>

This value is used in the detailed analytics that the ADP Health Compliance system provides to clients and should be passed if possible. This value is not critical to providing accurate calculations or reporting, but it does limit some of the value that the system can provide related to executive scorecard.

Non-Employee Import File Specification

Benefit Coverage Data (COVG)

<Coverage Identifier>

This element is used to sync the dependents covered by a participant (DEPC records) back to the participant coverage that they are covered under (COVG record). It is a client defined value and does not need to be unique across the participant population, but must be unique to the coverage for an individual participant, specifically when multiple coverages are passed to the ADP Health Compliance system within the same file. The value in the COVG record would match the value on all of the DEPC records linked to that coverage. Most often this ends up being a sequential identifier (1,2,3 or A,B,C) or a combination of elements, such as Plan Code and participant Coverage Start Date.

Example:

```
HEAD|0R8JLMSFMN04078L|Test Client
EEID|999999901||STEVE|K|DOE|XXXXXXXXX|98-7654321|
ADDR|999999901|6269999001|1003|doe@testclient.com|3 ALABAMA ST||UPHALA|AL|64741|1237|US
OFFR|999999901|Open Enrollment-01/01/2018|Open Enrollment|01/01/2018|01/01/2018 02:11:24.158000 PM|Y
ELIG|999999901|Open Enrollment-01/01/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y
COVG|999999901|Horizon-A22|Horizon PPO|EMP|Employee Only|100.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000 PM|
OFFR|999999901|Change-10/06/2018|Change|10/06/2018|10/06/2018 02:11:24.158000 PM|N
ELIG|999999901|Change-10/06/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y
COVG|999999901|Horizon-A22|Horizon PPO|EE+SP|Employee + Spouse|300.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000
PM|10/06/2018
DEPI|999999901|1|XXXXXXXXXX|Sally|Ann|Doe|Spouse|N|03/02/1983|
DEPC|999999901|1|10/06/2018||10/06/2018
FOOT|1
```

<Monthly Employee Cost> & <Monthly Employer Cost>

These values are used in the detailed analytics that the ADP Health Compliance system provides to clients and should be passed if possible. These values are not critical to providing accurate calculations or reporting.

Dependent Indicative Data (DEPI)

# Non-Employee Import File Specification

Only include dependent records on the interface when they are covered under the elected medical plan or are eligible to be covered (in the case of a COBRA Reduction in Hours).

## <Dependent Identifier>

This value must be unique for all dependents passed for an employee and should not include any social security number information, be that of the employee or the dependent. Outside of that restriction, this is a client defined value and is often created and stored by the clients benefit system of record. In instances where there isn't a native unique identifier ADP recommends using the employee ID, concatenated with a sequential number.

### Example:

Participant =	123456
Dependent Identifier (Spouse) =	123456-01
Dependent Identifier (Child 1) =	123456-02
Dependent Identifier (Child 2) =	123456-03

## Dependent Coverage Data (DEPC)

### <Coverage Identifier>

This element is used to sync the dependents covered by a participant (DEPC records) back to the participant coverage that they are covered under (COVG record). It is a client defined value and does not need to be unique across the participant population, but must be unique to the coverage for an individual participant, specifically when multiple coverages are passed to the ADP Health Compliance system within the same file. The value in the COVG record would match the value on all of the DEPC records linked to that coverage. Most often this ends up being a sequential identifier (1,2,3 or A,B,C) or a combination of elements, such as Plan Code and employee Coverage Start Date.

### Example:

HEAD|0R8JLMSFMN04078L|Test Client  
ADP and the ADP logo are registered trademarks of ADP, LLC.  
ADP – A more human resource. is a service mark of ADP, LLC. Copyright © 2018 ADP, LLC.



Non-Employee Import File Specification

EEID|999999901||STEVE|K|DOE|XXXXXXXXX|98-7654321|  
ADDR|999999901|6269999001|1003|doe@testclient.com|3 ALABAMA ST||UPHALA|AL|64741|1237|US  
OFFR|999999901|Open Enrollment-01/01/2018|Open Enrollment|01/01/2018|01/01/2018 02:11:24.158000 PM|Y  
ELIG|999999901|Open Enrollment-01/01/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y  
COVG|999999901|Horizon-A22|Horizon PPO|EMP|Employee Only|100.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000 PM|  
OFFR|999999901|Change-10/06/2018|Change|10/06/2018|10/06/2018 02:11:24.158000 PM|N  
ELIG|999999901|Change-10/06/2018|Hoizon-A22|Horizon PPO|300.00|Y|Y|Y|Y|Y  
COVG|999999901|Horizon-A22|Horizon PPO|EE+SP|Employee + Spouse|300.00|10/06/2018||Y|Y|Y|10/06/2018 10:18:31.158000 PM|10/06/2018  
DEPI|999999901|1|XXXXXXXXX|Sally|Ann|Doe|Spouse|N|03/02/1983|  
DEPC|999999901|1|10/06/2018||10/06/2018  
FOOT|1

Document Revisions

Version	Date	Author	Description
4.0	6/1/2018	R.Nichols	Updated Formatting & incorporated Companion Document contents
3.2	2/13/2017	J. Johnson	AOID (internal ADP ID) removed
3.2	04/10/2017	J. Johnson	Participants to be included: Additional clarification <HEAD> Organization OID (COID) description updated <OFFR> & <ELIG> Clarified when records are required in each section <OFFR> Note: At a minimum, offers are required for eligible employees at the beginning of each benefit plan year <OFFR> New field: Plan Year Start Date <OFFR> New field: Plan Year End Date <DEPI> Relationship element changed to Required.
3.0	06/13/2016	C. Murphy	Reordered and updated Non-Employee Data Interface section <HEAD> Client Name element removed. <HEAD> Source Information element added. <EEID> Non-Employee Participant Type element changed to Conditionally Required. <EEID> Non-Employee Participant Type element description updated. <EEID> Employee SSN element description updated. <EEID> FEIN element description updated. <EEID> AOID element description updated. <ADDR> Phone Number element description updated. <ADDR> Phone Number Extension element description updated. <ADDR> Mailing Address State/Province element description updated. <OFFR> Offer Identifier element description updated. <OFFR> Transaction Date element description updated. <OFFR> COBRA Reduction in Hours element changed to Conditionally Required. <OFFR> COBRA Reduction in Hours element description updated. <ELIG> Offer Identifier element description updated. <ELIG> Monthly Employee Cost element description updated. <ELIG> Dependent Coverage Available element description updated. <ELIG> Spouse Coverage Available element description updated. <ELIG> Self-Insured Plan element description updated. <COVG> Monthly Employee Cost element description updated. <COVG> Coverage End Date element description updated. <COVG> Self-Insured Plan element description updated. <COVG> Coverage Identifier element description updated.

ADP and the ADP logo are registered trademarks of ADP, LLC.  
ADP – A more human resource. is a service mark of ADP, LLC. Copyright © 2018 ADP, LLC.

Non-Employee Import File Specification

			<DEPI> Dependent Identifier element description updated. <DEPI> Relationship element description updated. <DEPI> Spouse Indicator element description updated. <DEPI> Status element removed. <DEPC> Dependent Identifier element description updated. <DEPC> Coverage End Date element changed to Conditionally Required. <DEPC> Coverage End Date element description updated. <DEPC> Coverage Identifier element description updated.
2.52	10/06/2015	J. Cobbett	Added optional Coverage Identifier to Benefits Coverage and Dependent Coverage records.
2.51	09/16/2015	C. Murphy	Initial Document